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Under the Paperwork Re	duction Act of 199	5, no person are	required to	respond to a collectly	on of informs	ation unless il displa	ys a valid OM	AB control numb
Effor	Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/696		10/696,359-C	96,359-Conf. #9437	
FEE TRANSMITTAL				Filing Date		October 27, 2003		-
For FY 2007				First Named Inventor Chi-Tung CHANG			ANG	
	Examiner Name D. Godbold		D. Godbold					
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2626				-	
TOTAL AMOUNT OF PAYMENT (\$) 60.00			Attorney Docket No. 3659-0197F			IS1		
METHOD OF PAYME	NT (check all	that apply)			-			
Check Credit	Card!	Money Order	Nor	other (	(please klent	l(y):		
X Deposit Account Do	posit Account Numi	oor:02	-2448	Deposit	Account Nam	թ։ Birch, Stew	art, Kolas	ch & Birch,
For the above-ide	ntified deposit	account, the D	Director Is	hereby authorize	ed to: (che	ick all that apply	)	
	s) indicated be					dicated below, o		the filing fee
χ Charge any fee(ε) under	additional fee( 37 CFR 1.16	s) or underpay and 1.17	ments of	_ = .	any overp			
FEE CALCULATION		Y <del></del>			-			
1. BASIC FILING, SEARC	H, AND EXAM	INATION FE	ES	•				
		G FEES	SEA	RCH FEES	EXAMI	NATION FEES	;	
Application Type	Feo (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity	Foon	Dold (t)
Utility	300	150	500	250	200	Fee (\$) 100	Lees	Paid (\$)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissuc	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES				-	•	Ū		Small Entity
Fee Description			•				Foe (\$)	Fee (\$)
Each claim over 20 (inclu	ding Reissues)					•	50	25
Bach independent claim o Multiple dependent claims		g Reissues)		•			200	100
							360	180
Total Claims Extra Claims Fee (5) Fee Pa				ultipie Dependa				
HP = highest number of total ct	alma paid for, if on	asiar iban 20			<u>Fe</u>	<u>⇔ (\$)</u>	Fee Paid (	<u>\$)</u>
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indep, Claims Extra Claims Fee (\$) Fee Paid (\$)								
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3. APPLICATION SIZE FE	E							
If the specification and di- listings under 37 CFR	1.32(0)), the a	DDlication siz	e fee duc	is \$250 (\$125 G	onically fil or small ea	ed sequence or a	computer iditional 5	٥
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- 100 =		= 03 		ditional 50 or fract round up to a whol			<u>Fee</u>	Pald (\$)
4. OTHER FEE(S)	·						Foos	Pald (\$)
Non-English Specificat								
Other (e.g., late filing a	urenarge): <u>22</u> :	z i extension	ror resp	onse within firs	month		6	0.00
SUBMITTED BY	<del>/- /</del> /	-	. 16	Rogistration No.		7		
The state of the s		Attorney/Ageni)	32,334	Telephono	(703) 20	5-8026		
Name (Print/Type) Jõe McK	maey Muncy					Date	August 9	, 2007
	}							
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## RECEIVED FAX NO. 703 205 8050 CENTRAL FAX CENTER

## AUG 0 9 2007

PTO/SB/22 (04-07)
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PETITION FOR EXTENSION OF TIL FY 200 (Fees pursuant to the Consolidated Appl	of Information unless if displays a valid OMB control numb Docket Number (Optional) 3659-0197PUS1				
	F211 - 1		<u> </u>		
Application Number 10/6	Filed	October 27, 2003			
For DIGITAL SOUND FILE PLAYB	ACK REPROD	DUCER			
Art Unit 2626	Examiner	D. Godbold			
This is a request under the provisions dentified application.					
The requested extension and fee are a	is follows (che	ck time period desli	red and enter the	appropriate fe	e below):
		<u>F<del>ee</del></u>	Small Entity F	<u>ee</u>	
One month (37 CFR 1.17(		\$120	\$60	\$	60.00
Two months (37 CFR 1.17	'(a)(2))	\$450	\$225	\$	
Three months (37 CFR 1.1	17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17	7(a)(4)) ·	\$1590	<b>\$</b> 795	\$	
Five months (37 CFR 1.17	(a)(5))	\$2160	\$1080	\$	
X Applicant claims small entity sta	tus. See 37 C	FR 1.27.			
A check in the amount of the fee					
Payment by credit card. Form F		ttached			
X The Director has already been a			onlication to a De	posit Assertat	
The Director is hereby authorize Deposit Account Number	d to charge ar		e required, or co	edit anv overb	avment, to
I am the applicant/invento	• )r.				
assignee of reco	rd of the entire	e interest. See 37 0 .73(b) is enclosed.	FR 3.71. (Form PTO/SR/	96 <b>)</b>	
		egistration Number			
attorgey or agent	under 37 CF				
- De Mahring	August 9, 2007				
Signatu				Date	
Joe McKlinney Typed or printe	(703) 205-8026 Telephone Number				
NOTE: Signatures of all the inventors or assigned than one signature is required, see below.		ntiro interest or their repros	•		
Total of f	irridue ans smro	πed.	•		

08/10/2007 HDEMESS1 00000049 022448 10696359 01 FC:2251 60.00 DA